



## K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

RECEIVED

KATHLEEN SEBELIUS, GOVERNOR  
FEB 1 2008

BUREAU OF WASTE MANAGEMENT

PERMIT APPLICATION FOR A  
HOUSEHOLD HAZARDOUS WASTE FACILITY

1. Applicant's Name Jackson County
- Address 700 E. 4th Street Holton, KS 66436-2119  
(Street or Rural Route) (City & State) (Zip)
- Person to contact Dan Robinson Title Solid Waste Director  
Phone (785) 344-3459 Fax (785) 344-3443 E-mail dpromodjrobinson61@yahoo.com
2. Applicant Type  
State Agency  Private Individual or Firm  County  City  Township   
If other - explain \_\_\_\_\_
3. Site Address 700 E. 4th Street Holton  
(Street Number, Road, Highway) (City)
4. Site Location  
County Jackson, 1/4 Section SE, Section 3, Township 7, Range 15
5. Is this facility consistent with an officially adopted county solid waste management plan?  
Yes  No  If yes, identify that plan Jackson County SWMP
6. This application restricts the site by the following definitions:

"Household hazardous waste facility" means a facility established for the purpose of collecting, accumulating and managing household hazardous waste and may also include small quantity generator waste or agricultural pesticide waste, or both. Household hazardous wastes are consumer products that when discarded exhibit hazardous characteristics.

7. Attach a copy of the Facility Design Plan, Operating Plan, and Closure Plan per the enclosed *HW Standard Permit Format*.

## DIVISION OF ENVIRONMENT

Bureau of Waste Management

CJR1 S STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE 320, TOPEKA, KS 6612-3363  
Voice 785-296-5900 Fax 785-296-8905 [Http://www.kdhe.state.ks.us/waste](http://www.kdhe.state.ks.us/waste)

6. Is the site an existing processing facility? NO Is the site a proposed new processing facility? Yes  
9. Site owned by applicant Yes Site leased by applicant NO

If site is leased, please fill in the following information:

Owner of Record \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Lease negotiated in (year) \_\_\_\_\_

Number of years remaining on lease \_\_\_\_\_ Include copy of lease.

10. Hours of Operation

(An employee must be present at this site during these hours of operation)

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
HOUR		8:00 AM 4:30 PM					

11. Attach a copy of "Certificate of Insurance" for proof of liability of insurance in accordance with KAR 28-29-22(i). The coverage shall include coverage of the premises and operations, including operations of independent contractors.

12. Service Areas

- a. Processing facility to serve:

City \_\_\_\_\_ Township \_\_\_\_\_ County X Business \_\_\_\_\_ Others Host \_\_\_\_\_

- b. Will site be open to the general public? Yes X No \_\_\_\_\_

- c. Population data:

1. Population served by processing facility: Now 13,162 Next 10 Years 14,000

2. Total area population: Now 47,927 Next 10 years \_\_\_\_\_

13. Attach a copy of the third party closure cost estimate submitted on the form *Household Hazardous Waste Closure Estimate Worksheet provided by the Department*.

14. Private entities are required to submit a financial assurance instrument for the amount calculated on the closure cost estimating worksheet. Allowable financial assurance methods are listed in K.A.R. 28-29-2101. This financial assurance instrument must be received prior to the beginning of the public notice period.

15. Attach the completed **DISCLOSURE STATEMENT** provided by KDHE

16. Three copies each of the completed application and attachments are required; however only one copy should be submitted for the department's initial review.

17. Comments:

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Permit Fee Enclosed \_\_\_\_\_ Performance Bond Posted (if required by local agency) \_\_\_\_\_

Bob Hollauer  
Signature of Applicant

Bob Hollauer  
Name (Print or Type)

Jackson Co. Chairman  
Title

Jackson County  
Organization

1-29-08  
Date

# HIIW FACILITY CERTIFICATION

Applicant's Name : Jackson County

As specified in K.S.A. 65-3107 Permits to construct, alter or operate solid waste processing facilities and solid waste disposal areas, the secretary shall require the following information as part of this application:

## Solid Waste Management Plan Consistency

- (1) Certification by the board of county commissioners or the mayor of a designated city responsible for the development and adoption of the solid waste management plan for the location where the processing facility or disposal area is or will be located that the processing facility or disposal area is consistent with the plan. This certification shall not apply to a solid waste disposal area for disposal of only solid waste produced on site from manufacturing and industrial processes or from on-site construction or demolition activities.

- The Facility Or Disposal Area Is Consistent With Solid Waste Management Plan  
 The Facility Or Disposal Area Is Not Consistent With Solid Waste Management Plan

Roy Hallauer  
Board of County Commissioners

Roy Hallauer  
Signature

Jackson Co Chairman  
Title

1-29-CDF  
Date

Jackson County 700 E 4<sup>th</sup> Street Hastings 66436-2119  
County Office Street Address City, Zip Code

## Zoning or Land Use Consistency

- (2) If the location is zoned, certification by the local planning and zoning authority that the processing facility or disposal area is consistent with local land use restrictions or, if the location is not zoned, certification from the board of county commissioners that the processing facility or disposal area is compatible with surrounding land use.

Zoned

- The Facility Or Disposal Area Is Consistent With Local Land Use Restrictions Or Zoning  
 The Facility Or Disposal Area Is Not Consistent With Local Land Use Restrictions Or Zoning

Not Zoned

- The Facility Or Disposal Area Is Compatible With Surrounding Land Use  
 The Facility Or Disposal Area Is Not Compatible With Surrounding Land Use Zoned

Karen L. Hauer  
Name/Title/Type

Karen L. Hauer  
Signature

CITY ENRICHMENT CHICKER  
Title

1-29-2008  
Date

630 Government Avenue Hastings, NE 68901  
Address City, State, Zip

If a special use permit is required, please attach a copy to this application.